



Dear Sunnyvale Homeowner:

Thank you for your recent inquiry in our Housing Loan Program. Enclosed is an application for the City of Sunnyvale's Housing Rehabilitation Loan Program.

Please return along with a copy of last years Federal tax return, three (3) recent paycheck stubs, verification of other regular monthly income as applicable for **every adult family member living in the home**, recent or year end mortgage statement and most recent bank statement. If you have your own business, please include copies of your Federal tax return for the last two (2) years.

If you have any questions or would like to set up an appointment to go over the application you may contact me at (408) 730-7451.

You may mail the application to:

Housing Division  
City of Sunnyvale  
P.O. Box 3707  
Sunnyvale, CA 94088-3707

Or deliver it to:

Housing Division  
Sunnyvale Civic Center  
456 West Olive Avenue

Sincerely,

Katrina L. Ardina  
Housing Loans Specialist  
Enclosure(s)

ADDRESS ALL MAIL TO: P.O. BOX 3707      SUNNYVALE, CALIFORNIA 94088-3707

# **NOTICE TO APPLICANTS FOR REHABILITATION LOANS**

## **PLEASE READ CAREFULLY**

The purpose of this information is to help acquaint you with our single family rehabilitation program. The maximum you can receive is \$35,000 (\$7,500 for mobile homes) to help repair your home. The money comes from the federally-funded Community Development Block Grant loan.

Some basic facts about our loans:

### **Funded Repairs**

You should apply before you sign any contracts or start any work on your home. All the work that we fund must be done by licensed contractors. Our program staff can help you find contractors. Examples of the type of work usually funded through this program are: plumbing, roofing, heating, structural reinforcement, weatherization, etc.

### **Interest Rate**

The interest rate is dependent on your income level. If you meet the “very low income” guidelines, you may be eligible for a deferred loan. The interest would be 3% for single family homes and 0% for mobile homes. If you are not very low income but still qualify for the program, the loans would be 4% to 5% monthly payment loans.

### **Monthly Payments**

Your payments of principal and interest are dependent on your income level. If you qualify for a deferred loan, you may opt for a monthly payment plan. This can be arranged with the City at anytime during the loan term.

### **No Prepayment Penalty**

You may prepay this loan without penalty at any time during the term of the loan.

### **Loan Term**

The principal balance and all accrued interest must be repaid to the City: (a) within a maximum of fifteen years (10 years for mobilehomes); (b) at the time of sale, conveyance or transfer of ownership of the home; or (c) in the event of default under the loan documents. In case of financial hardship deferred loans may be extended beyond the fifteen year period.

### **Collateral for Loan**

The loan advanced to you will be secured by a lien recorded against your home. The lien against your home will be in the form of a Deed of Trust and will remain until such time as all sums are paid in full.

### **Loan Amount**

The maximum loan amount is \$35,000 (\$7,500 for mobilehomes).

**Property Indebtedness**

The total indebtedness secured by liens against the property (senior to and including this loan) should not be more than 75% of the market value.

**Eligibility Criteria**

You are eligible for a rehabilitation loan if you meet the following requirements:

- You own and occupy your home, which is in a one-to-four unit property (only the unit which you occupy is eligible for rehabilitation);
- You hold title to the home to be rehabilitated and it is your primary residence; and
- Your income does not exceed the lower-income level as established by county and household size. (See attached income guidelines). There are some restrictions on assets - e.g. bank accounts, stocks, rental property, etc. Maximum value of assets (excluding value of owner-occupied home) for homeowners under age 60 is \$100,000 and for homeowners age 60 and over the maximum is \$225,000.

**Properties which are held in trust**

The terms of the trust should specify that the homeowner is allowed to encumber the property. The City will need to see a copy of the trust stating this. If the loan is approved, the loan documents will specify that when the homeowners dies, the loan will become due. The others in the trust will be responsible for paying back the City.

**Subordination**

Once the city loan is recorded the City will not subordinate to any new loans. The only exception is that the City may agree to subordinate where the new loan is a refinance of a loan superior to the City's in which no additional equity is being taken out of the property.

# CALIFORNIA HOUSING REHABILITATION PROGRAM FOR OWNER-OCCUPIED HOUSING

## INFORMATION AUTHORIZATION

To whom it may concern:

I/We authorize the **CITY OF SUNNYVALE** (Local Entity) and any credit reporting agency utilized by the local entity to verify any information necessary in connection with a California Housing Rehabilitation Program for Owner-Occupied Housing loan application, including , but not limited to, the following:

Credit History  
Bank Accounts  
Mortgage History

Authorization is further granted to use a photostatic copy of my/our signature(s) below, to obtain information regarding any of the aforementioned items.

---

Applicant

---

Date

---

Social Security No.

---

Co-Applicant

---

Date

---

Social Security No.

**CITY OF SUNNYVALE HOUSING REHABILITATION PROGRAM  
FOR OWNER-OCCUPIED HOUSING**

**REQUEST FOR VERIFICATION OF MORTGAGE**

Applicant Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Request : \_\_\_\_\_

Property Address of Mortgage  
to be Verified: \_\_\_\_\_

Name and Address of Mortgagee:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Account No. \_\_\_\_\_

Borrower Authorization by Applicant: I authorize the mortgagee to furnish information regarding the mortgage identified above.

\_\_\_\_\_  
(Date of Authorization)

\_\_\_\_\_  
(Signature)

Mortgage Data (for Lender's Use Only)

Type of Mortgage

\_\_\_ Conventional    \_\_\_ FHA  
\_\_\_ VA/Cal Vet    \_\_\_ Reverse Mort.  
\_\_\_ Other (Specify) \_\_\_ All Inclusive  
\_\_\_ Trust Deed

This lien is:

\_\_\_ 1<sup>st</sup> Position  
\_\_\_ 2<sup>nd</sup> Position  
\_\_\_ 3<sup>rd</sup> Position  
\_\_\_ Specify Position

Total Monthly Payment: \$ \_\_\_\_\_ Including:

\_\_\_ Principal & Interest    \_\_\_ Interest Only  
\_\_\_ Taxes    \_\_\_ Insurance

Terms: Original Loan Amount \$ \_\_\_\_\_ Loan Origination Date \_\_\_\_\_

Loan Due Date \_\_\_\_\_ Interest Rate \_\_\_\_\_ % Fixed? \_\_\_\_\_ Adjustable? \_\_\_\_\_

Balloon Payment? \_\_\_\_\_ If yes, amount \$ \_\_\_\_\_ Date Due \_\_\_\_\_

Negative Amortization? \_\_\_\_\_ Call Option? \_\_\_\_\_ If yes, date due \_ \_\_\_\_\_

Current Balance \$ \_\_\_\_\_, as of \_\_\_\_\_

Payment History: Is loan current? \_\_\_\_\_ Has loan ever been in arrears? \_\_\_\_\_

When? \_\_\_\_\_ How Long? \_\_\_\_\_

Signature of Mortgagee: \_\_\_\_\_ Date \_\_\_\_\_

(Position/ Title)

When completed, please return to: City of Sunnyvale, Housing Division, P.O. Box 3707,  
Sunnyvale, CA 94088-3707

# **CALIFORNIA HOUSING REHABILITATION PROGRAM FOR OWNER-OCCUPIED HOUSING**

## **SIGN AND RETURN**

### **Fair Lending Notice**

To: All applicants for a loan under the California Housing Rehabilitation Program for Owner-Occupied Housing.

Under the Housing Financial Discrimination Act of 1977, it is unlawful for a financial institution to refuse to make a loan or to offer less favorable terms than normal (such as a higher interest rate, larger down payment or shorter maturity) based on any of the following:

Neighborhood characteristics (such as the average age of the homes or the income level in the neighborhood) except to the limited extent necessary to avoid unsafe and unsound business practice.

Race, sex, or color, religion, marital status, national origin or ancestry.

It is also unlawful to consider, in appraising a residence, the racial, ethnic or religious composition of a particular neighborhood, or whether or not such composition is undergoing change or is expected to undergo change.

If you wish to file a complaint, or if you have any questions about your rights, contact:

Office of Fair Lending  
600 South Commonwealth  
15<sup>th</sup> Floor  
Los Angeles, CA 90005

U.S. Office of Comptroller of the Currency  
Consumer Complaint Department  
50 Fremont Street, Suite 3900  
San Francisco, CA 94105

When you file a complaint, the law requires that you receive a decision within 30 days.

I/We have received a copy of this notice.

Borrower: \_\_\_\_\_

Date: \_\_\_\_\_

Borrower: \_\_\_\_\_

Date: \_\_\_\_\_

# **CALIFORNIA HOUSING REHABILITATION PROGRAM FOR OWNER-OCCUPIED HOUSING**

## **KEEP THIS COPY**

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Borrower: \_\_\_\_\_

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Borrower: \_\_\_\_\_

Date: \_\_\_\_\_

**CITY OF SUNNYVALE**  
**HOME REHABILITATION LOAN PROGRAM**  
**LOAN APPLICATION ATTACHMENT**

I/We agree:

To provide Homeowner's Insurance in an amount equal to, or greater than all combined existing liens.

To have the property inspected, by appointment, to determine that the improvements specified have been completed satisfactorily.

That the work performed, and the materials used, are not the responsibility of the City of Sunnyvale, but are under warranty by the Contractor/Manufacturer.

That verification may be obtained from any source named in this application.

That it may be a Federal crime, punishable by a fine or imprisonment, or both, to knowingly make any false statements to obtain this loan.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



**U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
OFFICE OF COMMUNITY PLANNING AND DEVELOPMENT**

**Please Sign and Return**

**WATCH OUT FOR LEAD-BASED PAINT POISONING**

**NOTIFICATION**

TO: OWNERS AND TENANTS OF HOUSING CONSTRUCTED BEFORE 1978

This property was constructed before 1978. There is a possibility it contains lead-based paint.

**\*\*\*PLEASE READ THE FOLLOWING INFORMATION  
CONCERNING LEAD PAINT POISONING\*\*\***

**Source of Lead Based Paint**

The interiors of older homes and apartments often have layers of lead-based paint on the walls, ceilings, window sills and door frames. Lead-based paint and primers may also have been used on outside porches, railings, garages, fire escapes and lamp posts. When the paint chips, flakes or peels off, there may be a real danger for babies and young children. Children may eat paint chips or chew on painted railings, window sills or other items when parents are not around. Children can also ingest lead even if they do not specifically eat paint chips. For example, when children play in an area where there are loose paint chips or dust particles containing lead, they may get these particles on their hands, put their hands into their mouths, and ingest a dangerous amount of lead.

**Hazards of Lead-Based Paint**

Lead poisoning is dangerous – especially to children under the age of seven (7). It can eventually cause mental retardation, blindness and even death.

**Symptoms of Lead-Based Paint Poisoning**

Has your child been especially cranky or irritable? Is he or she eating normally? Does your child have stomachaches and vomiting? Does he or she complain about headaches? Is your child unwilling to play? These may be signs of lead poisoning. Many times though, there are no symptoms at all. Because there are no symptoms does not mean that you should not be concerned if you believe your child has been exposed to lead-based paint.

**Advisability and Availability of blood Lead Level Screening**

If you suspect that your child has eaten chips of paint or someone told you this, you should take your child to the doctor or clinic for testing. If the test shows that your child has an elevated blood lead level, treatment is available. Contact your doctor or local health department for help or more information. Lead screening and treatment are available through the Medicaid Program for those who are eligible. If your child is identified as having an elevated blood lead level, you should immediately notify the Community Development or other agency to which you or your landlord is applying for rehabilitation assistance so the necessary steps can be taken to test your unit for lead-based paint hazards. If your unit does have lead-based paint, you may be eligible for assistance to abate that hazard.

### **Precautions to Take to Prevent Lead-Based Paint Poisoning**

You can avoid lead-based paint poisoning by performing some preventive maintenance. Look at your walls, ceilings, doors, door frames and window sills. Are there places where the paint is peeling, flaking, chipping, or powdering? If so, there are some things you can do immediately to protect your child:

- Cover all furniture and appliances;
- Get a broom or stiff brush and remove all loose pieces of paint from walls, woodwork, window wells and ceilings;
- Sweep up all pieces of paint and plaster and put them in a paper bag or wrap them in newspaper. Put these packages in the trash can. **DO NOT BURN THEM;**
- Do not leave paint chips on the floor in window wells. Damp mop floors and window sills in and around the work area to remove all dust and paint particles. Keeping these areas clear of paint chips, dust and dirt is easy and very important; and
- Do not allow loose paint to remain within your children's reach since children may pick loose paint off the lower part of the walls.

### **Homeowner Maintenance and Treatment of Lead-Based Paint Hazards**

As a homeowner, you should take the necessary steps to keep your home in good shape. Water leaks from faulty plumbing, defective roofs and exterior holes or breaks may admit rain and dampness into the interior of your home. These conditions damage walls and ceilings and cause paint to peel, crack or flake. These conditions should be corrected immediately.

Before repainting, all surfaces that are peeling, cracking, chipping or loose should be thoroughly cleaned by scraping or brushing the loose paint from the surface, then repaint with two (2) coats of non-lead-based paint. Instead of scraping and repainting, the surface may be covered with other material such as wallboard, gypsum, or paneling. Beware that when lead-based paint is removed by scraping or sanding, a dust is

created, which may be hazardous. The dust can enter the body either by breathing it or swallowing it. The use of heat or paint removers could create a vapor or fume which may cause poisoning if inhaled over a long period of time. Whenever possible, the removal of lead-based paint should take place when there are no children or pregnant women on the premises. Simply painting over defective lead-based paint surfaces does not eliminate the hazard. Remember that you as an adult play a major role in the prevention of lead poisoning. Your actions and awareness about the lead problem can make a big difference.

### **Tenant and Homebuyer Responsibilities**

You should immediately notify the management office or the agency through which you are purchasing your home if the unit has flaking, chipping, powdering or peeling paint, water leaks from plumbing, or a defective roof. You should co-operate with that office's effort to repair the unit.

I have received a copy of the Notice entitled "Watch Out for Lead-Based Paint Poisoning."

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Signature

\*\*\*\*\*

### **NOTICE TO PARENTS OF CHILDREN AGED SEVEN AND UNDER:**

I have read the City of Sunnyvale's notice on the hazards of lead-based paint. I have decided not to have my child(ren) tested for Elevated Blood Level of lead.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
OFFICE OF COMMUNITY PLANNING AND DEVELOPMENT**

**Applicant Copy**

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Signature

\*\*\*\*\*

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

# CALIFORNIA HOUSING REHABILITATION PROGRAM FOR OWNER-OCCUPIED HOUSING APPLICATION

The following information is requested by the federal government in order to monitor the program's compliance with federal laws regarding equal opportunity. You are not required to furnish this information, but are encouraged to do so. The law provides that this program may neither discriminate on the basis of this information, nor on whether you choose to furnish it.

☐ AMERICAN INDIAN,  
☐ ALASKAN NATIVE      ☐ WHITE  
☐ HISPANIC      ☐ OTHER  
    (SPECIFY)  
☐ ASIAN, PACIFIC ISLANDER  
☐ BLACK

APPLICANT			CO-APPLICANT		
Name			Name		
Street Address			Street Address		
City, State, Zip			City, State, Zip		
Social Security No.:			Social Security No.:		
Home Phone No.: (    )			Home Phone No.: (    )		
Driver's Lic. No.:			Driver's Lic. No.:		
Age	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated	No. of Dependents and age(s):	Age	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated	No. of Dependents and age(s):
Employer:		Years on this job?	Employer:		Years on this job?
Address:		If Self Employed, Type of Business:	Address:		If Self Employed, Type of Business:
Phone No. (    )			Phone No. (    )		
Name and address of nearest relative not living with you:			Name and address of nearest relative not living with you:		
Phone No. (    )			Phone No. (    )		

Is this your primary residence?	What type of unit (single family, mobilehome, etc.)?
Title to home is in the Name(s) of:	If the title is not in your Name(s), describe your interest in the property.
Is this in a Trust? If so, please provide a copy	

Age of Property	No. of Bedrooms	No. of Baths	Sq. Ftg.	Estimated current value of home:	Central Air Cond. ___ Yes ___ No
Other structures on property?					

## INCOME AND EXPENSES

### Present Monthly Income:

Applicant's Wages \$ \_\_\_\_\_  
 Co-Applicant's Wages \$ \_\_\_\_\_  
 Pensions, Annuities \$ \_\_\_\_\_  
 Social Security \$ \_\_\_\_\_  
 \*Other \$ \_\_\_\_\_  
**Total Gross Income** \$ \_\_\_\_\_

### B. Monthly Housing Expenses

Mortgage Pymts \$ \_\_\_\_\_  
 (Principal & Interest only)  
 Property Taxes \$ \_\_\_\_\_  
 Hazard Insurance \$ \_\_\_\_\_  
 Maintenance \$ \_\_\_\_\_  
 Heat & Utilities \$ \_\_\_\_\_  
**Total Housing Expenses** \$ \_\_\_\_\_

### (1) Total Creditor Monthly

**Payments** (from back of app.) \$ \_\_\_\_\_

**Total Monthly Obligations** \$ \_\_\_\_\_

(Total Housing Expenses &  
total creditor monthly pymts.)

\* Including but not limited to income of all adult household members, interest, dividends, etc.

## LOAN APPLICATION PAGE 3

## ASSETS AND LIABILITIES



ASSETS:	Name of Depository _____	Checking \$ _____
		Savings \$ _____
	Name of Depository _____	Checking \$ _____
		Savings \$ _____
Other Assets: Stocks, Bonds, Real Property, etc.		
	_____	\$ _____
	_____	\$ _____

LIABILITIES:				
Mortgage(s)	Account No.	Original Amount	Balance	Monthly Payment(s)
1 <sup>st</sup>		\$	\$	\$
2 <sup>nd</sup>		\$	\$	\$

Creditor(s)	Account No.	Original Amount	Balance	Monthly Payment(s)
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
<b>Total</b>			(1) \$	\$

BORROWER CERTIFICATION			
<p><b>I/We certify, that the above statements are true, accurate, and supporting documentation to be in accordance with the Department of Housing and Community Development regulations.</b></p>			
_____ Applicant	_____ Date	_____ Co-Applicant	_____ Date